

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

PLAINTIFF CASSIUS M. CLAY SR.,	COURT CASE NUMBER 05-125E
DEFENDANT TRACEY REEVES, et al.,	TYPE OF PROCESS Civil Action 1983

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
SERVE AT Candis BRUMMER /GETTINGS: MAILROOM SUPERVISOR S.C.I. GREENSBURG
ADDRESS (Street or R.F.D., Apartment No., City, State and ZIP Code)
R.D. #10, BOX 10, Greensburg, PA 15601

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

CASSIUS M. CLAY SR.,
INMATE #DQ5954
P.O. BOX 945
Marienville, PA 16239

Number of process to be served with this Form 285

Number of parties to be served in this case

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

MAY GO BY CANDIS GETTINGS.

CAN BE REACHED BETWEEN 5:30a.m. - 9:00a.m. / 1:00p.m.-4:30p.m.
WORKS IN PRISON MAILROOM/DELIVERY AT S.C.I. GREENSBURG
IN GREENSBURG, PA.

Signature of Attorney other Originator requesting service on behalf of:

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

DATE

Cassius M. Clay Sr.

(814) 621-2110

1/9/06

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated.
(Sign only for USM 285 if more than one USM 285 is submitted)

Total Process
1

District of Origin
No. 68

District to Serve
No. 68

Signature of Authorized USMS Deputy or Clerk
SB

Date
1/12/06

I hereby certify and return that I ☐ have personally served, ☒ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

Arboret Weimer, Account

Address (complete only different than shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Date
1/27/06

Time
0833
☒ am
☐ pm

Signature of U.S. Marshal or Deputy
SB

Service Fee 40	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS: **FORWARDED 1-13-06**
66 m. l. 3 @

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285
Rev. 12/15/80
Automated 01/00